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Examination of Presenter Characteristics on Satisfaction and Learning in a Treatment Readiness Program

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EXAMINATION OF PRESENTER CHARACTERISTICS ON SATISFACTION AND LEARNING IN A TREATMENT READINESS PROGRAM

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ABSTRACT

Determining factors that encourage thinking and attending to information is an important aspect of working to help people learn more effectively. Characteristics of presenters have been found to be cues for information processing, related to the results of those being presented to. It was found that both client's liking and perceived expertise of the presenter were related to both program satisfaction and learning of educational materials, indicating that source characteristics have the potential to influence thinking and outcomes.

CHAPTER ONE

INTRODUCTION

Background

It has been found that personal traits of spokespersons and instructors can influence thoughts and subsequent actions. Initial impressions of programs and products can be swayed by whether the person presenting the information is seen as likable, attractive, highly knowledgeable, or similar to self. Further, these characteristics of the presenter can influence how much the target audience attends to information. Understanding how and when personal characteristics effect perceptions and interest is especially important when attempting to improve real-world programs.

This study utilized a real program that aims to educate and engage substance abusers. The Cook County, Illinois Smart Choices program has clients attend Treatment Readiness Groups (TRGs) while waiting for substance abuse treatment to become available. These groups aim to educate clients in the hopes of readying them for clinical treatment and to keep clients engaged and accountable in a period (time of release to getting into the treatment mandated) where relapse and recidivism are especially likely. This study will investigate how clients' perceptions of group facilitators influences contribute to initial program satisfaction and

information learned.

Information Processing

The Theory of Reasoned Action (Ajzen & Fishbein, 1981) posits that intention towards a behavior is a function of the individual's attitude toward the behavior and subjective norms. Individual attitudes are determined by acceptance of source beliefs, meaning that the characteristics of a source play a role in attitude formation and thus behavioral intention. Source influences have been studied in terms of source trustworthiness, source likability, and source expertise (O'Hara, Netemeyer, & Burton, 1991).

Petty and Cacioppo's Elaboration Likelihood Model examines how individuals form and change attitudes. An individual may process information through central (high elaboration) or peripheral (low elaboration or superficial) routes and takes cues from the environment, including the presenter, to determine which route will be taken. Both routes have the ability to persuade but when a message requires learning or considering individual's long-term consequences a central route is preferable (Petty & Cacioppo, 1986).

The Heuristic Systematic Model also draws the conclusion that individuals will think carefully about a message only when they are motivated to process the information (Chaiken, 1987). This processing model represents an analytic approach to information processing, suggesting two routes to persuasion: systematic and heuristic processing. Systematic processing represents an analytic orientation to information processing, with a great deal of effort put in attempting to

evaluate the presented arguments and their validity. The heuristic route involves people picking up on peripheral cues that influence conclusions, without carefully examining the information. Heuristic cues include the number of arguments presented, message length, and both credibility and likability of the source.

The amount of cognitive elaboration that people engage in depends upon their level of motivation and their ability to process the message (Petty & Wegener, 1998). Personal interest in the topic and involvement both factor into which route of processing is taken, and situational factors can be further involved. People engage in peripheral processing when they have low motivation or ability to elaborate (Petty & Wegener, 1998). Rather than evaluating message arguments, those engaged in peripheral processing tend to rely on heuristics (e.g., source attractiveness or expertise) to form evaluations. However, compared to central processing, attitudes formed through peripheral processing are more temporary and less predictive of future behaviors. The message, the source of the message, the context it's delivered in, and other variables can take on different roles in processing depending on the level of cognitive elaboration (Petty & Wegener, 1998). While we may not be able to change characteristics that determine ability to process a message, such as intelligence, there are other factors that can be manipulated in some situations to encourage central processing.

Importance of Personal Characteristics

Characteristics such as relatability, similarity, perceived honesty, attractiveness, cleanliness, perceived expertise, and likability have been studied for how they

influence assessments of individuals and what those people are presenting. When attempting to parse out what each element entails it has been found that many of these constructs overlap when not carefully defined and tested (Seiter, Weger, Merrill, Mark & Sanders, 2010; Montoya et al., 2008).

A major factor in how we view other people in most situations is rooted in whether or not we like them. What exactly likability is and how to measure it is rarely straightforward. Chaiken and Eagly explore what likability is by having participants rank communicators on a list of bipolar adjectives. They perform a factor analysis and uncover two major underlying factors they label "attractiveness" and "expertise", concluding these two constructs could be measured to measure likability (Chaiken & Eagly, 1983). Fazio and Roskos-Ewoldsen (1992) investigate how source likability persuades potential consumers. They find that the more participants favor the source of the information the more likely they are to favor the product.

When providing services, likable personnel are seen to act as implicit promises that the services will also be good. Positive expectations can then color interpretations of experiences. If the services are only moderately good but the representatives of the program are highly likable the service consumer is likely to raise their ratings of the services to fall in line (Jayanti & Whipple, 2008). This can become a liability if the service performance is poor. A study of physician likability and services found that ratings of the physician significantly changed the outcome of service satisfaction, even when the only change was physician likability. In this case

clients may have seen the services as even worse due to the contrast between highly likable personnel and poor performance (Jayanti & Whipple, 2008).

Expertise is identified as one of the underlying factors in likability (Chaiken & Eagly, 1983). The adjectives in their exploratory study that load as "expertise" are knowledgeable, intelligent, and competent. Reysen's examination of the relationship between perceived expertise and ratings of liking finds that while perceiving someone to be an expert in some situations can influence evaluations of likability, someone can be found an expert without being liked and can be liked without being perceived as expert (Reysen, 2008). Further studies on expertise separate which items load for expertise and which for likability, defining the two as independent characteristics that can operate independently of one another, but that each can act as cues to how much a person should pay attention to a message.

Some research findings are consistent with expertise serving as a determinant of attention (DeBono & Harnish, 1988, Tobin & Raymundo, 2009). For instance, individuals have been found to think more deeply about a message when it is presented by an expert rather than an attractive source, indicating central processing is important when a message involves deep thinking or learning (Tobin & Raymundo, 2009). The study also looked at how much participants thought about a counter-attitudinal message when it was presented by a physically attractive source instead and the expert was found to cause more attitudinal change and learning in these situations. In conditions were an individual is non-involved, people are more likely to agree with a source they perceive as expert and sources that are

more likable. When perceived expertise is manipulated as well it does not influence how likable the source is perceived to be, indicating that these are constructs that benefit from being examined separately (Tobin & Raymundo, 2009).

Source influences have been studied in terms of source trustworthiness, source likability, and source expertise (O'Hara, Netemeyer, & Burton, 1991). Their findings indicate these three source characteristics have discriminant validity, and that source expertise is particularly important to behavioral intention, with non-significant relationships for source trustworthiness and likability. However, non-significant but predicted relationships are present and the researchers hypothesize that a sample of undergraduates being asked to imagine a scenario might mean the experiment had low ecological validity and stronger relationships might be found in a real-life situation.

Modifications to the treatment environment, rather than the treatment content, have been demonstrated to change treatment outcomes. Individuals who rated various aspects of their substance abuse treatment programs highly are more likely to complete the program successfully (McKella, Kelly, Harris, & Moos, 2005). Another study utilizing physician-patient relationships to examine how patient perceptions of the physician effected patient adherence to treatment finds liking and feeling that the physician is similar to the self increases concordance with physician treatment recommendations (Street, O'Malley, Cooper, & Haidet, 2008). Liking of the physician also increases general ratings of service satisfaction.

Smart Choices Program Description

Treatment Alternatives for a Safer Community (TASC) provides services to Cook County probationers through a program called Smart Choices. Smart Choices works to place non-violent probationers into outpatient and residential substance abuse treatment programs. For many of the clients, completing a certain number of hours of drug treatment is a requirement of probation and failure to find and enter such a program is a common reason for not successfully completing probation. Smart Choices case managers help clients find a treatment option that is financially and geographically accessible. Even with the recommendation there is still a waiting list that averages four weeks.

Smart Choices hosts Treatment Readiness Groups (TRGs) twice a week for eligible clients in Cook County not yet in a treatment program. Groups focus on HIV education and activities and discussions that motivate clients to think about why they want to change behavior and empower them with strategies on how they can meet their goals. The materials used in the program were developed at Texas Christian University and have been used successfully across the country to prepare clients for treatment, increasing long-term success in program completion and abstinence from drugs (Czuchry, Sia, & Dansereau, 2006). Many of the program's goals revolve around clients understanding how HIV/ AIDS is contracted and what risk they are at as substance abusers, in order to motivate clients to engage in less risky behavior.

Orientation is client's first contact with the Smart Choices program. The major

goal of orientation is making sure clients receive and understand information about what is needed to complete the program successfully. Clients' initial impressions of the program are formed at this time, so ratings of program satisfaction at this time give us insight into clients' first experience. All clients attend a one-hour HIV education session after orientation. They are then placed into the rotation of Treatment Readiness Groups. The HIV education session is based on materials developed by Bartholomew & Simpson (2005). The session focuses on providing the knowledge and skills necessary to reduce HIV/ AIDS risk for clients. At the session clients learn about what HIV and AIDS are, how they are transmitted, risk factors, and what can be done to mitigate risk.

The materials used in the program were developed at Texas Christian University and have been used successfully across the country to prepare clients for treatment, increasing long-term success in program completion and abstinence from drugs (Czuchry, Sia, & Dansereau, 2006). Readiness for change and particularly readiness for treatment have both been shown to reliably predict treatment effectiveness (DiClemente, Schlundt, & Gemmell, 2004). However, there is a risk that clients served in programs like Smart Choices are committed to avoiding jail sentences rather than to long-term abstinence. Anything that can be done to increase clients' liking of the program and learning of material is important to program success. An underlying goal of orientation is to persuade clients to feel positively about the program.

A major goal of the Smart Choices program is for clients to learn about their

increased risk of contracting HIV and to learn mechanisms that assist clients in readying themselves for treatment and learning new ways of thinking. The Texas Christian University Institute of Behavioral Research developed a measure of knowledge for their program module "Common Sense Ideas on HIV Prevention and Sexual Health". When learning new facts, information tends to be processed directly, or centrally, rather than peripherally. Individuals think more deeply about information presented by an expert and so may learn more of the information. Liking can also act to influence information processing, both in assimilating liking to performance and acting as peripheral cue to encourage processing.

CHAPTER TWO

METHODS AND MATERIALS

Participants

Clients from the Smart Choices program were recruited for study participation on their first day participating in Smart Choices activities. Clients attended orientation and the HIV education session their first day with the program. At the end of the session the researcher asked clients to stay for an extra thirty minutes to participate in a study addressing their experience with the program so far. They were told that for their anonymous participation they would be entered into a raffle for a $10 gift card. After discussion with the staff and a sample group of Smart Choices clients, the researcher always had a grocery store gift card (Jewel-Osco) and a chain fast food gift card (McDonald's) for the clients to choose from, as gift cards to groceries and restaurants were always listed as desirable by clients.

Materials

Independent Variable Materials

Two source characteristics were selected as being especially relevant to the program at hand. The independent variable, likability, was focused on because it has generally been shown to be a source characteristic that is picked up on and peripherally effects information processing and subconscious assessments.

Perceived expertise has been shown to be particularly relevant to learning new information and centrally processing new facts and forming opinions.

Likability. The first independent variable looks to measure how likable the presenter was to the clients. The Reysen Likability Scale was utilized to measure how well clients liked the facilitator who conducted the HIV/ AIDS education session done after orientation. Reysen examined liking as encompassing many aspects of perception, especially attractiveness and perceived similarity to self. Reysen aimed to develop a valid and reliable tool to measure likability by associating it with laughter. Past research has linked feelings of liking to seeing a person laugh, so Reysen showed 150 college students videos of twelve individuals reading a paragraph and laughing, fake laughing, or not laughing. He then had them rate likability.

Reysen reviewed several past studies to understand how others had constructed likability, incorporating similar items into his scale. The list of eleven items Reysen asked people to score for the individual being viewed were; (1) This person is friendly, (2) This person is likable, (3) This person is warm, (4) This person is approachable, (5) I would ask this person for advice, (6) I would like this person as a coworker, (7) I would like to be friends with this person, (8) I would like this person as a roommate, (9) This person is physically attractive, (10) This person is similar to me, (11) This person is knowledgeable. Each item was scored on a 6-point Likert scale, with 1 being “very strongly disagree” and 6 representing “very strongly agree. The Reysen scale was found to have excellent inter-rater reliability

(.90 or .91) for each of the three laughter conditions. A principal components analysis was then applied to scores from each of the laughter conditions. To validate the scale, Reysen demonstrated that whether the person in the video laughed predicted viewer's likability rating, indicating convergent validity. It appears that all items on the Reysen scale measure the same thing, in this case how likable someone is.

Further, the Reysen Likability Scale was developed to show divergent validity and to not correlate with personality, as measured by Goldberg's 100-Adjective Big Five Personality Test. There was some convergence on the Agreeableness sub-scale of the Big Five test. Those who were highly agreeable tended to have higher ratings of both genuine and fake laughter, but this is explained by people who rate as highly agreeable being more likely to rate others favorably in general.

Perceived Expertise. To determine whether the facilitator was perceived as an expert, the second independent variable, another scale developed by Reysen will by utilized. Reysen also developed a scale of perceived expertise. In four studies (N = 658), valid and reliable measures of perceived expertise and honesty of a target individual were constructed. The Expertise Scale contains six items, and is unidimensional, with internal coefficient alphas ranging between .88 and .90. The scale was found to have face and content validity (Reysen, 2008). The items were measured on a scale of 1 to 5, with 5 being "strongly agree." For the present study we utilized all six items. The items are (1) This person is intelligent, (2) This person is not experienced- *reverse scored*, (3) I would seek this person's advice, (4) This

person is knowledgeable, (5) This person is an expert, and (6) This person is not well-qualified to present this information- *reverse scored.*

Dependent Variable Materials

Two dependent variables were deemed most relevant to the real-world application of this study, client satisfaction and HIV knowledge. Both dependent variable measures were based on measures developed for similar programs.

Client Satisfaction. The County of San Diego developed an Alcohol and Drug Services Client Satisfaction Survey, designed to measure how clients rated services received and their likelihood to stay engaged in related services. The survey questions were modified for this study to address clients' initial experience with the Smart Choices program, including their likelihood of continuing on with the program. The modified eight survey questions were measured on a scale of 1 to 5, with 5 being excellent. The items were (1) How would you rate the level of service that the program staff provided you during yesterday's orientation and HIV education session?, (2) During your time in the orientation session how would you rate the staff on courteousness, knowledge, and ability to help you understand and follow the programs rules?, (3) Please rate how you think that the Smart Choices Program will be able to provide services that will assist you in learning about strategies that will assist you?, (4) How would you rate the program staff's ability to provide you with adequate information and support about TASC?, (5) Please rate how you think that attending treatment readiness groups might help you to work more effectively with your issues of concern?, (6) What is the likelihood you will be

open to questions from and meetings with the same program staff that you met with yesterday?, (7) How would you rate your feelings about having to return for additional services from the same program staff?, and (8) In an overall sense how would you rate the services you received?

HIV Knowledge. The second dependent variable, HIV knowledge, was measured with a tool of session learning adapted from the manual used to guide the session. This test has been used by the session developed to determine whether participants learned key points in sessions (Bartholemew & Simpson, 2004). While the construct of this measure does not tell us how people will actually perform in the real world, it is known that having knowledge leads to reconsideration of behaviors, a first step to changing the behaviors that place clients at risk for contracting HIV (Prochaska, 1992). Further, the Smart Choices program facilitators have been measured in the past on how well they adhere to the *Common Sense Ideas for HIV Prevention* manual and fidelity scores have been high, over 80%, and issues of fidelity have not been with covering knowledge-based material but with sometimes not thoroughly completing all games and exercises due to time constraints.

The HIV knowledge questions were adapted from the manual *Common Sense Ideas for HIV Prevention* client knowledge survey (Bartholemew & Simpson, 2004). There are two other sessions the manual covers so items covered in those sessions were deleted from the survey, leaving us with 18 true/ false statements.

There is concern that most clients have been exposed to some HIV education

before and so we may quickly hit a ceiling on how much can be learned. If all clients scored extremely high on the measure of HIV learning then we would not be able to attribute facilitator likability or perceived expertise as having any influence on client's learning new information on understanding and protecting themselves from HIV. There was no access to clients enough in advance to give them any sort of pre-measure to determine how much they know before entering the Smart Choices session.

Hypotheses

It was expected that measures of liking and perceived expertise would be positively correlated with how much information is learned and how satisfied clients are with the program. There is evidence for both source characteristics to influence satisfaction similarly.

It was predicted that perceived expertise of the Smart Choices facilitator would have a stronger effect on learning than perceived likability does, as learning requires central processing and expertise has been proven to activate individual's processing information centrally, leading to better knowledge gain.

Protocol

Participants were cluster-sampled by time-frame. To recruit participants the researcher approached Smart Choices clients at the end of the orientation and HIV session following the Exploration of Satisfaction and Learning Recruitment Script, *Attachment x*. Clients were asked to remain and spend thirty minutes participating in the confidential study. The original goal *N* was 100 participants collected over the

course of five weeks, as there are two orientation/ HIV sessions each week and originally the researcher had funding for 10 $10 gift cards. Approximately nine clients stayed to participate after each session and the researcher provided an eleventh gift card to host one additional session and achieve an *N* of 98. With roughly 1300 clients served so far by the program this number captured a sufficiently representative sample of the population being explored.

Basic demographic data was also collected on clients anonymously when they come to fill out the measures of HIV session knowledge, program satisfaction, and facilitator expertise and likability. This data was compared to overall program data to make sure that the program was accurately represented and our findings could be extrapolated to the population served by this program.

To incentivize participation each group of clients able and willing to participate was entered into a raffle for a $10 gift card. Gift cards were purchased by the researcher for study participation incentives from McDonald's and Jewel-Osco.

The researcher and eligible clients were the only people in the room for the surveys. The researcher review the informed consent form, which reminds clients that their participation is entirely voluntary, anonymous, and will make them eligible to be entered into a raffle for a chance to win one $10 gift card at the end of the session.

The researcher distributed the consent form and read it out loud, making sure all participants understood. Participant then handed in the signed consent forms

and the questionnaires were distributed. Participants were instructed to not take the packet apart, not mark the first page, and not put their names on any part of the questionnaire packet. Participants filled in all questions, then handed in their packets face down. This did not take any more than twenty minutes. Participants then handed in one half of a raffle ticket, keeping the other half to themselves so the researcher could anonymously draw a winner and protect client's privacy by reading off a matching number rather than a name. Throughout the data collection process participants were easy-going and never seemed upset that they had not been the one to win the gift card.

All materials were stored in a locked filing cabinet. Consent forms, the only material with the clients' names, were stored separately from the completed questionnaires in order to protect client identities. Client's responses were entered into SPSS and all data was analyzed using SPSS software.

CHAPTER THREE

RESULTS

Statistical Treatment Overview

Over the two and a half years the program has been in place the population served has not fluctuated significantly. The majority of the clients are African-American men under 30. The results should be generalizable to the program, and to programs that use the same manuals and serve similar populations.

To verify that the scales are appropriate measures of likability, perceived expertise, and program satisfaction, factor loading was conducted. Items were only removed from the scale that measured likability. That scale was developed with college students and so some questions may not have applied the same to a population of adult probationers.

After factor loading the items measuring likability were added up to form an overall score and then correlated with client scores on the measures of client satisfaction, then the same done with the score of HIV knowledge. The scores for perceived expertise were correlated with the measures of HIV knowledge and client satisfaction separately. Pearson's product-moment correlation coefficient was utilized, standardizing scores on the different measures.

Statistical Analyses

Preliminary Analyses.

Factor analysis reveals that removing items 8, 9, and 11 from the Likability Scale will give us a more accurate picture of how much participants liked the group facilitator who presented information on the Smart Choices program and HIV education. These items are "This person was physically attractive," "I would like this person as a roommate," and "This person is knowledgeable." The component matrix below shows low scores for each of these in Component 1, where the rest of the Reysen Scale items fall, indicating that they do not measure the construct as effectively. They have been removed for the final score of this study's likability scale. See Appendix B, Table 1: Factor Loading of Likability Scale, Component Matrix and Table 2: Table 2: Factor Loading of Perceived Expertise Scale, Total Variance Explained.

Factor analysis on the Perceived Expertise Scale and the Program Satisfaction Scale revealed that all items loaded on a single factor, indicating that these scales do not require modification to accurately reflect program satisfaction and perceived expertise of the presenter. See Appendix B, Tables 2-6.

After factor loading, the scores for the items measuring likability (items 1-7 and 10) were added up to achieve a likability score of up to 48. All items for the perceived expertise scale were included to achieve a reliability scale with a possible maximum score of 30. The program satisfaction scores were also added, for a score out of a possible 40 points. The HIV scale was given a percentage correct, to account for questions being skipped due to client's rushing to be done.

Main Analyses

Correlation. Each of the independent variables (Presenter Likability and Perceived Expertise) was correlated with each of the dependent variables (Program Satisfaction and HIV Knowledge), for a total of four Pearson's product-moment correlation, utilized so all measures would be correlated with standardized values. For the three scales, if an item was missing, that participant's data was excluded for the comparisons of those items.

There were positive, significant correlations between all variables, as can be further examined in Table 7 of Appendix B. Liking of the source and satisfaction were positively correlated, $r = .542$, $p < .001$, and $N = 91$ (see Figure 1 of Appendix A). Perceived expertise of the source and program satisfaction were also positively correlated, $r = .496$, $p < .001$, and $N = 93$ (see Figure 2). Source likability and HIV knowledge were significantly correlated, $r= .383$, $p < .001$, and $N = 92$ (see Figure 3). Expertise of source and HIV knowledge were also found to have a relationship, $r = .461$, $p < .001$, and $N = 95$ (see Figure 4).

Overall there were strong positive correlations between the independent variables, source likability and perceived expertise, and the dependent variables, measuring initial program satisfaction and HIV knowledge. Expertise did have a larger impact on HIV knowledge than likability did, indicating that expertise did encourage central processing of information, since learning new knowledge is something that is done through central processing.

Multiple Regression. Multiple regression was also used to assess the relative strengths of the independent variables, which where the presenter

characteristics expertise and likability, on HIV knowledge and program satisfaction. The effects of source characteristics perceived expertise and liking were found to have a significant impact on the measure of program satisfaction, produced R^2 = .321, $F(2, 86) = 20.347$, $p < .001$. See Appendix B, Tables 8-10 for more detailed results.

The source characteristics also had an effect on HIV knowledge, $R^2 = .250$, $F(2, 87) = 14.351$, $p < .001$. See Appendix B, Tables 11-13. These results indicate that source likability and perceived expertise contribute to the client's initial program satisfaction and to how much they learned during the HIV education session.

CHAPTER FOUR

DISCUSSION AND CONCLUSION

Discussion

The two source characteristics measured, likability and perceived expertise, can be manipulated to a degree for future presentations. Increasing source likability can be done through simply encouraging that day's presenter to go out of their way to be friendly and supportive from the moment clients arrive, giving clients more of an opportunity to see the presenter as a likable source. Likability is typically processed peripherally, or in a non-central manner, and so this will subconsciously encourage clients' liking of the program.

Perceptions of expertise can be manipulated through the presenter simply rehearsing the information to be certain they present themselves as knowledgeable. The first day for Smart Choices clients is a long one for the group facilitators as well and sometimes they appear tired by the time they get to the HIV portion. Knowing that working to seem more knowledgeable and expert is important may be enough to give facilitators an extra boost of energy and focus for the HIV session.

Of course with each of these, what works for the majority will not work for everyone. If a client has strong beliefs formed elsewhere about HIV, presenting facts in a professional and expert manner for an hour will probably not be enough to

overcome their beliefs. Some clients are also innately distrustful of criminal justice authority figures and may see Smart Choices staff as more people that are restricting their freedom, and so simple efforts to be friendly and approachable will not work.

Still, any effort that can help these clients be receptive to the program and learn how to reduce their HIV risk are worth it. The Smart Choices team is encouraged to be more conscientious of first impressions and make an extra effort to be likable, professional, and well-rehearsed on orientation day as this is the client's first opportunity to form impressions of the program that can influence their long-term outcomes. It is also an important day for clients, as the information presented on HIV/ AIDS has long-term health consequences, particularly for an at-risk population such as this one.

Future Research

Since this study utilized a program that works with real people who need this program to help them successfully complete terms of their probation, we could not manipulate the study in any way and relied on correlation. In the future it would be ideal to conduct a similar experiment where the conditions were manipulated to produce more and less likable and expert presenters so that we could more accurately eliminate an un-studied variable that is an underlying cause for the found correlation between source characteristics and the proposed dependent variables, program satisfaction and HIV knowledge. There is also concern that there may be pre-existing HIV knowledge for some clients, making it difficult to measure whether

they were learning more due to central processing encouraged by positive source characteristics. If the same measures were to be used in future studies of the program, pre-tests of HIV knowledge or exposure to HIV information sessions, as well as pre-existing feelings about the Smart Choices program, could be measured and controlled for in the final outcomes.

APPENDIX A

DATA COLLECTION MATERIALS

Cover Page
Please do not mark.
Please do not take packet apart.

Please fill in responses for each of the following questions. All answers are completely confidential. Please do not put your name on any page.

Age:

O 18-24

O 25-34

O 35-44

O 45-54

O 55+

Gender:

O Male

O Female

Race:

O Black

O White, non-Hispanic

O Hispanic/ Latino

O Asian

O Native American

O Other (please write in)

Scale One **Looking back at orientation and the HIV education session, please check how much you agree or disagree with the statements about the facilitator that lead the group session.**	**Strongly Disagree**	**Disagree**	**Somewhat Disagree**	**Somewhat Agree**	**Agree**	**Strongly Agree**
1. This person is friendly	0	0	0	0	0	0
2. This person is likable	0	0	0	0	0	0
3. This person is warm	0	0	0	0	0	0
4. This person is approachable	0	0	0	0	0	0
5. I would ask this person for advice	0	0	0	0	0	0
6. I would like this person as a coworker	0	0	0	0	0	0
7. I would like to be friends with this person	0	0	0	0	0	0
8. This person was physically attractive	0	0	0	0	0	0
9. I would like this person as a roommate	0	0	0	0	0	0
10. This person is similar to me	0	0	0	0	0	0
11. This person is knowledgeable	0	0	0	0	0	0

Scale Two **Looking back at orientation and the HIV education session, please check how much you agree or disagree with the statements about the facilitator that lead the group session.**	**Strongly Disagree**	**Disagree**	**Neither agree or disagree**	**Agree**	**Strongly Agree**
1. This person is intelligent	0	0	0	0	0
2. This person is not experienced	0	0	0	0	0
3. I would seek this person's advice	0	0	0	0	0
4. This person is knowledgeable	0	0	0	0	0
5. This person is an expert	0	0	0	0	0
6. This person is not well-qualified to present this information.	0	0	0	0	0

Satisfaction Survey[1] Looking back at **orientation and the HIV education session** please rate your experience with the Smart Choices Program.	**Poor**	**Below Average**	**Average**	**Above Average**	**Excellent**
1. How would you rate the level of service that the program staff provided you during yesterday's orientation and HIV education session?	0	0	0	0	0
2. During your time in the orientation session how would you rate the staff on courteousness, knowledge, and ability to help you understand and follow the programs rules?	0	0	0	0	0
3. Please rate how you think that the Smart Choices Program will be able to provide services that will assist you in learning about strategies that will assist you?	0	0	0	0	0
4. How would you rate the program staff's ability to provide you with adequate information and support about TASC?	0	0	0	0	0
5. Please rate how you think that attending treatment readiness groups might help you to work more effectively with your issues of concern?	0	0	0	0	0
6. What is the likelihood you will be open to questions from and meetings with the same program staff that you met with yesterday?	0	0	0	0	0
7. How would you rate your feelings about having to return for additional services from the same program staff?	0	0	0	0	0
8. In an overall sense how would you rate the services you received?	0	0	0	0	0

[1] Modified from County of San Diego Alcohol and Drug Services Client Satisfaction Survey

HIV Knowledge Questions **Looking back at yesterday's HIV education session, please choose whether each statement is true or false**	**True**	**False**
1. AIDS is caused by a bacteria that invades the body and attacks the lungs	0	0
2. Once a person tests negative for HIV there is no need to have another HIV test	0	0
3. A person with HIV may look and feel healthy for ten years or longer after first becoming infected	0	0
4. Cleaning injection equipment with water is sufficient to destroy HIV	0	0
5. Like malaria, HIV can be transmitted by mosquitoes	0	0
6. Always using a new syringe that has never been used before is the best way to avoid HIV infection from injection drug use	0	0
7. Sharing rigs (needles, syringes, works) is safe so long as you avoid sharing with strangers	0	0
8. Latex condoms are not as effective as natural skin condoms for reducing the spread of HIV during sex	0	0
9. HIV attacks the immune system and destroys the body's natural defense against diseases	0	0
10. If a person has no symptoms of HIV infection he/ she is unable to pass the virus to other	0	0
11. The "D" in AIDS stands for "Disease"	0	0
12. HIV is a sexually transmitted infection	0	0
13. Other people have the right to force you to take chances with your health	0	0
14. Needles and syringes cleaned with bleach are 100% safe from HIV	0	0
15. It is very likely that you could get HIV by eating food prepared by an infected restaurant worker	0	0
16. Diaphragms and contraceptive sponges are good protection against HIV	0	0
17. If a person tests negative for HIV it means he/ she is immune to the virus	0	0
18. A positive test means the person already has AIDS	0	0

Thank you for your participation!

APPENDIX B

FACTOR ANALYSIS, REGRESSION, AND CORRELATION TABLES

Table 1: Factor Loading of Likability Scale, Component Matrix

Component Matrix[a]

	Component	
	1	2
Like1	.805	-.085
Like2	.783	-.235
Like3	.905	-.081
Like4	.871	-.121
Like5	.918	-.146
Like6	.896	-.068
Like7	.856	.015
Like8	.318	.730
Like9	.362	.604
Like10	.685	-.220
Like11	.425	.737

Extraction Method: Principal Component Analysis.
a. 2 components extracted.

Table 2: Factor Loading of Likability Scale, Total Variance Explained

Total Variance Explained

	Initial Eigenvalues			Extraction Sums of Squared Loadings		
Component	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	6.097	55.430	55.430	6.097	55.430	55.430
2	1.599	14.535	69.966	1.599	14.535	69.966
3	.776	7.059	77.025			
4	.580	5.275	82.300			
5	.468	4.254	86.554			
6	.372	3.385	89.939			
7	.314	2.855	92.793			
8	.285	2.587	95.380			
9	.221	2.009	97.389			
10	.185	1.681	99.070			
11	.102	.930	100.000			

Extraction Method: Principal Component Analysis.

Table 3: Factor Loading of Perceived Expertise Scale, Component Matrix

Component Matrix[a]

	Component
	1
Expert1	.685
Expert2	.715
Expert3	.849
Expert4	.851
Expert5	.547
Expert6	.607

Extraction Method: Principal Component Analysis.
a. 1 components extracted.

Table 4: Factor Loading of Perceived Expertise Scale, Total Variance Explained

Total Variance Explained

	Initial Eigenvalues			Extraction Sums of Squared Loadings		
Component	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	3.093	51.548	51.548	3.093	51.548	51.548
2	.953	15.891	67.439			
3	.784	13.070	80.509			
4	.525	8.749	89.258			
5	.424	7.059	96.317			
6	.221	3.683	100.000			

Extraction Method: Principal Component Analysis.

Table 5: Factor Loading of Satisfaction Scale, Component Matrix

Component Matrix[a]

	Component
	1
Satisfaction1	.901
Satisfaction2	.834
Satisfaction3	.905
Satisfaction4	.805
Satisfaction5	.756
Satisfaction6	.880
Satisfaction7	.765
Satisfaction8	.814

Extraction Method: Principal Component Analysis.
a. 1 components extracted.

Table 6: Factor Loading of Satisfaction Scale, Total Variance Explained

Total Variance Explained

	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
Component 1	5.566	69.574	69.574	5.566	69.574	69.574
2	.583	7.289	76.863			
3	.494	6.171	83.034			
4	.402	5.026	88.060			
5	.363	4.533	92.593			
6	.235	2.942	95.535			
7	.200	2.496	98.031			
8	.158	1.969	100.000			

Extraction Method: Principal Component Analysis.

Table 7. Correlations

Correlations

		PercentCorrect	ExpertiseScale	LikingScale	SatisfactionScale
PercentCorrect	Pearson Correlation	1	.461**	.383**	.353**
	Sig. (2-tailed)		.000	.000	.000
	N	98	95	92	96
ExpertiseScale	Pearson Correlation	.461**	1	.659**	.496**
	Sig. (2-tailed)	.000		.000	.000
	N	95	95	90	93
LikingScale	Pearson Correlation	.383**	.659**	1	.542**
	Sig. (2-tailed)	.000	.000		.000
	N	92	90	92	91
SatisfactionScale	Pearson Correlation	.353**	.496**	.542**	1
	Sig. (2-tailed)	.000	.000	.000	
	N	96	93	91	96

**. Correlation is significant at the 0.01 level (2-tailed).

Table 8. Model Summary of Source Characteristics and Satisfaction

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.567[a]	.321	.305	4.74799

a. Predictors: (Constant), LikingScale, ExpertiseScale

Table 9. ANOVA of Source Characteristics and Satisfaction

ANOVA[b]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	917.383	2	458.691	20.347	.000[a]
	Residual	1938.729	86	22.543		
	Total	2856.112	88			

a. Predictors: (Constant), ExpertiseScale, LikingScale
b. Dependent Variable: SatisfactionScale

Table 10. Coefficients of Source Characteristics and Satisfaction

Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	10.423	3.663		2.845	.006
	LikingScale	.329	.106	.368	3.097	.003
	ExpertiseScale	.380	.179	.252	2.121	.037

a. Dependent Variable: SatisfactionScale

Table 11. Model Summary of Source Characteristics and HIV Knowledge

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics					Durbin-Watson
					R Square Change	F Change	df1	df2	Sig. F Change	
1	.500[a]	.250	.233	.12924	.250	14.531	2	87	.000	2.072

a. Predictors: (Constant), ExpertiseScale, LikingScale
b. Dependent Variable: PercentCorrect

Table 12. ANOVA of Source Characteristics and HIV Knowledge

ANOVA[b]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	.485	2	.243	14.531	.000[a]
	Residual	1.453	87	.017		
	Total	1.939	89			

a. Predictors: (Constant), ExpertiseScale, LikingScale
b. Dependent Variable: PercentCorrect

Table 13. Coefficients of Source Characteristics and HIV Knowledge

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.292	.100		2.925	.004
	LikingScale	.002	.003	.098	.797	.428
	ExpertiseScale	.017	.005	.430	3.487	.001

a. Dependent Variable: PercentCorrect

APPENDIX C

REGRESSION SCATTERPLOTS WITH LINE OF BEST FIT

Figure 1. Facilitator Likability and Program Satisfaction

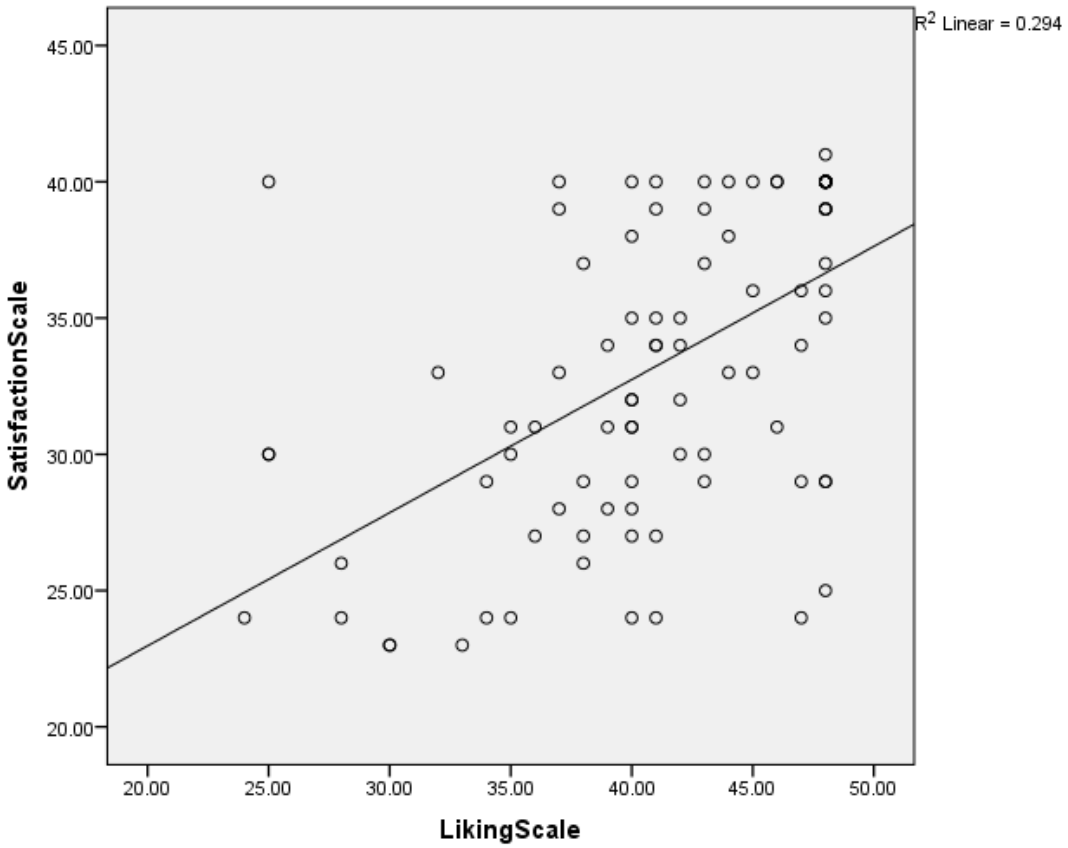


Figure 2: Perceived Expertise and Program Satisfaction

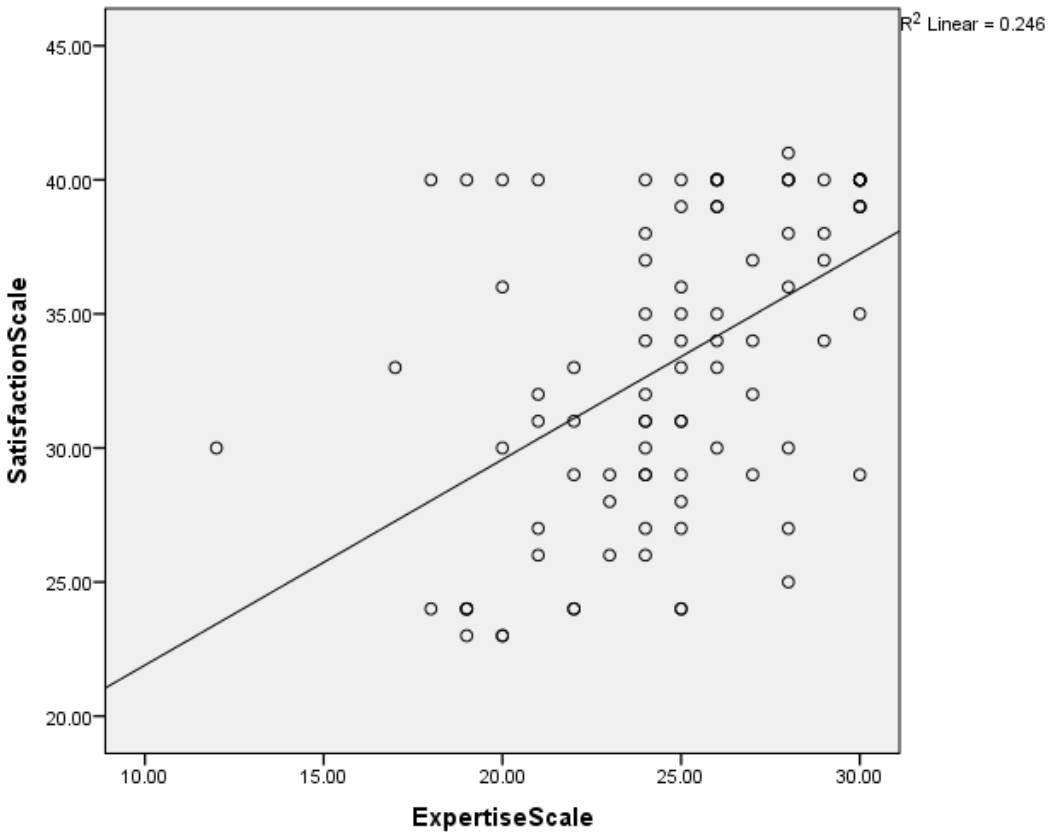


Figure 3: Facilitator Likability and HIV Knowledge Score

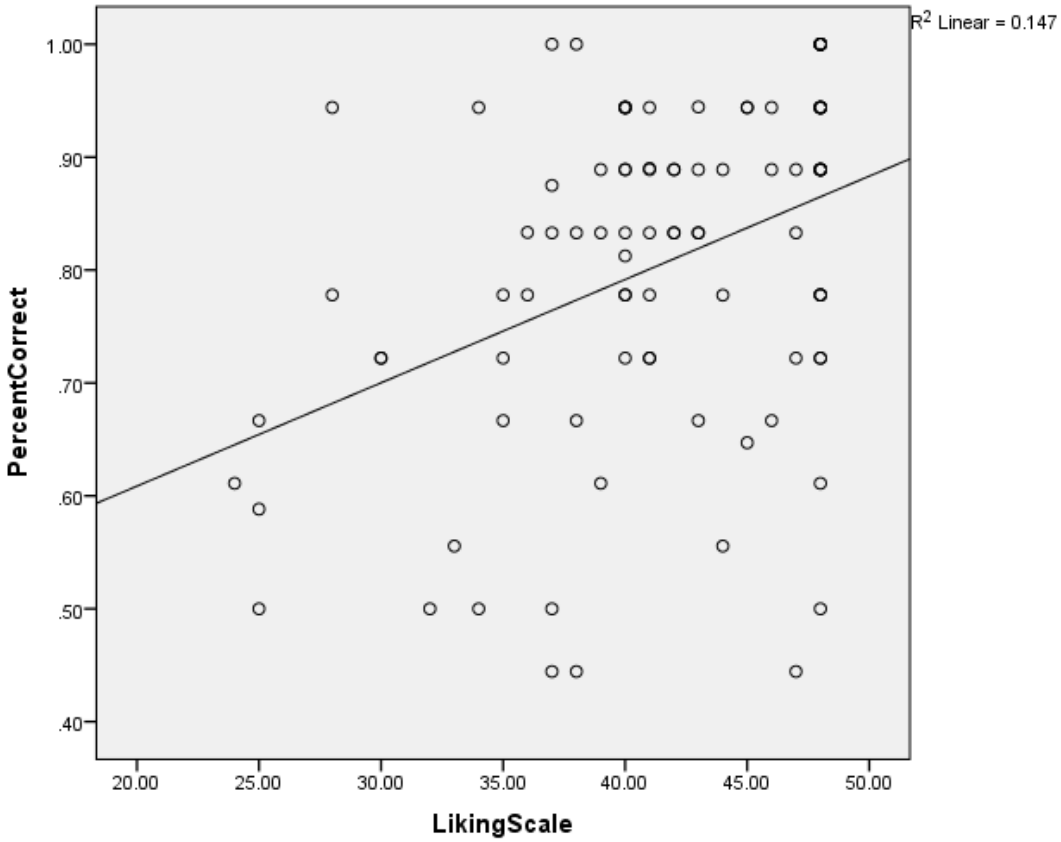
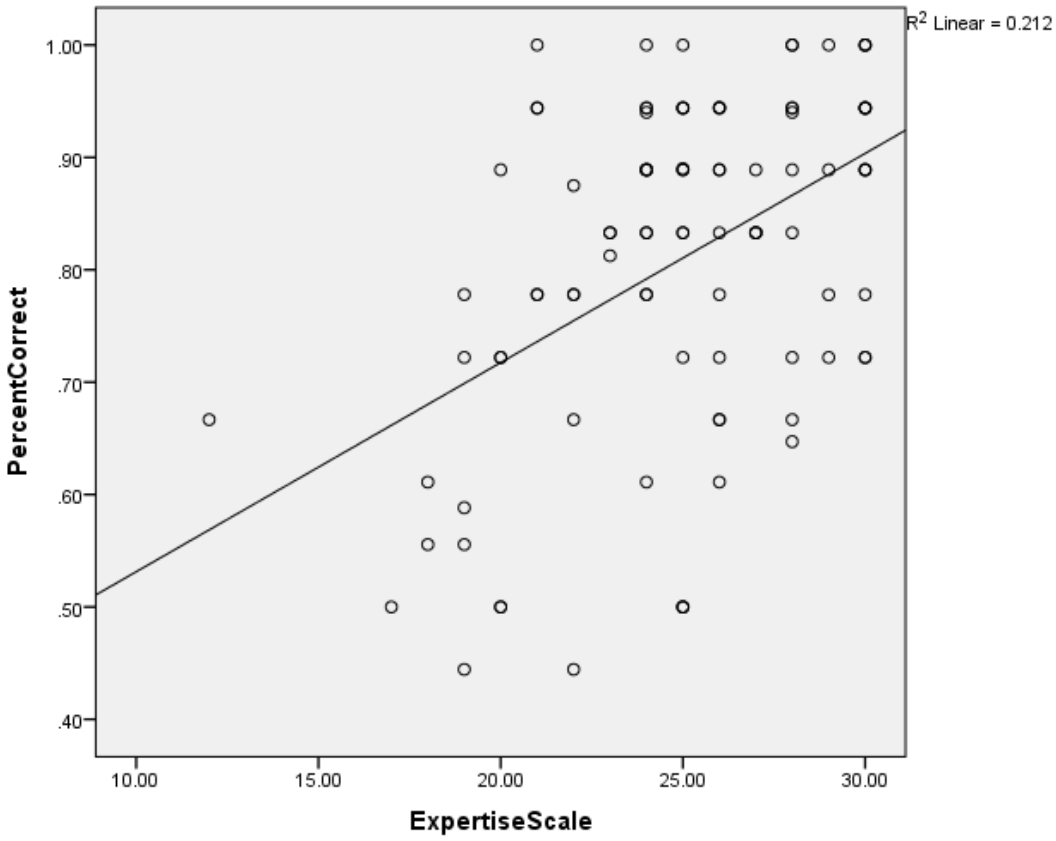


Figure 4: Perceived Expertise and HIV Knowledge Score



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VITA

Haley Siler grew up in Kentucky and began attending Centre College, in Danville, Kentucky in 2006. In 2010 she graduated a Bachelors of Science in Psychology and Anthropology and minored in Gender Studies and Behavioral Neuroscience. Haley immediately went into a Masters of Arts program at Loyola University Chicago in Applied Social Psychology,

While at Loyola, Haley primarily worked with outside organizations, actively applying the knowledge she was gaining in the Applied Social Psychology Program. Haley plans to continue applying theoretical knowledge to the real world through the field of program evaluation.